

Revision: HCFA-AT-81-37 (BPP)
July 1, 1985

State Minnesota

Attachment 31-B
Page 1

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP(S): _____

The following ambulatory services are provided.

See attached pages 2 through 32 for all services and limitations for the medically needy group.

HCFA-179 # 85-50 Date Rec'd 9/27/86
Supersedes 82-23 Date Appr. 9/5/86
State Rep. In. _____ Date Eff. 7/1/85

TN # _____
Supersedes
TN # _____

Approval Date _____ Effective Date _____

State/Territory: MINNESOTA

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): SEE ATTACHMENT 2.2-A

1. Inpatient hospital services other than those provided in an institution for mental diseases.

☒ Provided: ☐ No limitations ☒ With limitations*

- 2.a. Outpatient hospital services.

☒ Provided: ☐ No limitations ☒ With limitations*

- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic, *WHICH ARE OTHERWISE COVERED UNDER THE PLAN.*

☒ Provided: ☐ No limitations ☒ With limitations*

- c. *FEDERALLY QUALIFIED HEALTH CENTER (FQHC) SERVICES AND OTHER AMBULATORY SERVICES THAT ARE COVERED UNDER THE PLAN AND FURNISHED BY AN FQHC IN ACCORDANCE WITH SEC. 4231 OF THE S.M.M. (HCFA-Pub. 45-4)*

3. Other laboratory and X-ray services.

☒ Provided: ☐ No limitations ☒ With limitations* *4231 OF THE S.M.M. (HCFA-Pub. 45-4)*

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

☒ Provided: ☐ No limitations ☒ With limitations*

- b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*

☒ PROVIDED

- c. Family planning services and supplies for individuals of childbearing age.

☒ Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

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TR No. 90-11621-11 HCFA ID: 7986E

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MEDICAL NEEDY GROUPS(s): _____

- 5.a. Physicians' services, whether furnished in the office, the patient's home, a hospital, a nursing facility, or elsewhere.

Provided: ☐ No limitations ☒ With limitations*

- b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided: ☐ No limitations ☒ With limitations:

* Description provided on attachment.

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AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP(S): _____

OFFICIAL

- 4.c. Family planning services and supplies for individuals of child-bearing age.

Provided: ☐ No limitations ☒ With limitations*

5. Physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility or elsewhere.

Provided: ☐ No limitations ☒ With limitations*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

- a. Podiatrists' services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

- b. Optometrists' services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

- c. Chiropractors' services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

*Description provided on attachment.

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OFFICIAL

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP(S): _____

d. Other practitioners' services.

☒ Provided: Identified on attached sheet with description of limitations, if any.

☐ Not provided.

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided: ☐ No limitations ☒ With limitations*

b. Home health aide services provided by a home health agency.

Provided: ☐ No limitations ☒ With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided: ☐ No limitations ☒ With limitations*

d. Physical therapy, occupational therapy, respiratory therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

8. Private duty nursing services.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

*Description provided on attachment.

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1.2.

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AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- c. Prosthetic devices.
☒ Provided: No limitations x With limitations*
- d. Eyeglasses.
☒ Provided: No limitations x With limitations*
13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.
- a. Diagnostic services.
☒ Provided: No limitations x With limitations*
- b. Screening services.
☒ Provided: No limitations x With limitations*
- c. Preventive services.
☒ Provided: No limitations x With limitations*
- d. Rehabilitative services.
☒ Provided: No limitations x With limitations*
14. Services for individuals age 65 or older in institutions for mental diseases.
- a. Inpatient hospital services.
☒ Provided: No limitations x With limitations*
- b. ~~Skilled~~ nursing facility services.
☒ Provided: No limitations x With limitations*

* Description provided on attachment.

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Supersedes 86-122
TN No. 86-122

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- c. Intermediate care facility services.
- ☒ Provided: _____ No limitations ☒ With limitations*
☐ Not provided.
- 15.a. ~~Intermediate care~~ Nursing facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.
- ☒ Provided: _____ No limitations ☒ With limitations*
☐ Not provided.
- b. ~~including such intermediate care facility~~ services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.
- ☒ Provided: _____ No limitations ☒ With limitations*
☐ Not provided.
16. Inpatient psychiatric facility services for individuals under 22 years of age.
- ☒ Provided: _____ No limitations ☒ With limitations*
☐ Not provided.
17. Nurse-midwife services.
- ☒ Provided: _____ No limitations ☒ With limitations*
☐ Not provided.
18. Hospice care (in accordance with section 1905(o) of the Act).
- ☒ Provided: _____ No limitations ☒ With limitations*
☐ Not provided.

* Description provided on attachment.

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AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE MEDICALLY NEEDY

19. Case management services and tuberculosis related services.

- a. Case management services as defined in, and to the group specified in, Supplements 1 and 1A to ATTACHMENT 3.1-B (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

☒ Provided: x With limitations*
☐ Not provided.

- b. Special tuberculosis (TB)-related services under section 1902(z)(2)(F) of the Act.

☒ Provided: x With limitations*
☐ Not provided.

20. Extended services for pregnant women.

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and for any remaining days in the month in which the 60th day falls.

☒ Provided*: x Additional coverage**

- b. Services for any other medical conditions that may complicate pregnancy.

☒ Provided*: x Additional coverage**
☐ Not provided.

* Description provided on attachment.

Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical conditions that may complicate pregnancy.

** Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

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AND REMEDIAL CARE AND SERVICES PROVIDED TO THE MEDICALLY NEEDY

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by an eligible provider (in accordance with section 1920 of the Act).

☐ Provided: No limitations With limitations*
☒ Not provided.

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

☐ Provided: No limitations With limitations*
☒ Not provided.

23. Certified pediatric or family nurse practitioner' services.

☒ Provided: No limitations x With limitations*

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

☒ Provided: No limitations x With limitations*
☐ Not provided

- b. Services of ~~Christian Science~~ nurses in religious nonmedical health care institutions.

☐ Provided: No limitations With limitations*
☒ Not provided.

- c. Care and services provided in ~~Christian Science sanatoria~~ religious nonmedical health care institutions.

☒ Provided: x No limitations With limitations*
☐ Not provided.

- d. Nursing facility services provided for patients under 21 years of age.

☒ Provided: No limitations x With limitations*
☐ Not provided.

* Description provided on attachment.

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AND REMEDIAL CARE AND SERVICES PROVIDED TO THE MEDICALLY NEEDY

24.e. Emergency hospital services.

- ☒ Provided: No limitations x With limitations*
☐ Not provided.

25. Home and Community Care for Functionally Disabled Elderly
Individuals, as defined, described, and limited in Supplement
2 to Attachment 3.1-B, and Appendices A-G to Supplement 2 to
Attachment 3.1-B.

- ☐ Provided ☒ Not provided

26. Personal care services furnished to an individual who is not
an inpatient or resident of a hospital, nursing facility,
intermediate care facility for the mentally retarded, or
institution for mental disease that are: (A) authorized for
the individual by a physician in accordance with a plan of
treatment; (B) provided by an individual who is qualified to
provide such services and who is not a member of the
individual's family; and (C) furnished in a home.

- ☒ Provided: State approved (not physician)
Service Plan allowed
 x Services outside the home also
allowed
 x Limitations described on
Attachment
☐ Not provided.

* Description provided on attachment.

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